

The Commonwealth of Massachusetts
Bureau of Health Professions Licensure
Board of Registration in Dentistry
250 Washington Street
Boston, MA 02108
(617) 973-0971
www.mass.gov/dph/dentalboard

Individual Permit B-1 (Moderate Sedation)

(See 234 CMR 6.12 Effective August 20, 2010)

Information and Instructions

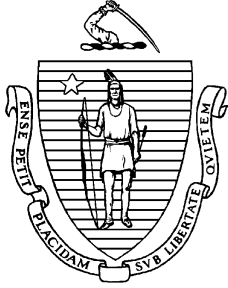
Moderate Sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by a light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Administration of moderate sedation includes parenteral, enteral, and/or combination inhalation-enteral conscious sedation (234 CMR 6.02).

Individual Permit B-1 authorizes a qualified dentist to administer moderate sedation, minimal sedation, and/or nitrous oxide-oxygen in conjunction with any other anesthetic or enteral sedative agents dispensed or administered in a dental facility that has the required Facility Permit for the type of anesthesia or sedation being administered in compliance with the provisions of 234 CMR 6.00, and/or in a hospital and/or dental school setting that has been approved by the Joint Commission on the Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, and/or in a hospital or clinic licensed pursuant to MGL c. 111 ss. 51 through 56.

Educational Qualifications:

- Successful completion of an education program accredited by the ADA Commission on Dental Accreditation that provides comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with the *ADA Guidelines for Teaching Pain Control Sedation to Dentists and Dental Students, 2007*, at the time training was commenced; **Note #1 re. Enteral Training (oral):** Minimum 24 lecture hours + 10 adult case experiences (3 live by enteral and /or nitrous oxide-oxygen); may include simulations/video but must include at least 1 experience in returning from deep sedation to moderate sedation.) **Note #2 re. Parenteral Training (IV):** min. 60 lecture hrs. + minimum of 20 live patients by IV route per participant
OR
- Certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) **OR**
- Certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology

Please Note: Training must be completed within the past five (5) years.



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Application

Individual Permit B-1 (Moderate Sedation)

1. APPLICANT NAME: _____ MA DN Lic. # _____
Last First MI

2. ADDRESS OF RECORD: _____
(No.) (Street) (Apt #) (City or Town) (State/Country) (Zip Code)
Note: The address of record may be home or business and is, by law, public information.

3. TELEPHONE NUMBER(S) DAY: _____ CELL: _____ FAX: _____

4. EMAIL ADDRESS: _____

5. ROUTE OF ADMINISTRATION: ENTERAL (ORAL) _____ PARENTERAL (IV) _____ OTHER _____

6. REQUIRED ATTACHMENTS/ENCLOSURES

Attachment A: Check or money order payable to the Commonwealth of Massachusetts in the amount of \$180.

Attachment B: Proof of current certification in ACLS or PALS.

Attachment C: Proof of successful completion of an education program accredited by the ADA Commission on Dental Accreditation that provides comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with the *ADA Guidelines for Teaching Pain Control Sedation to Dentists and Dental Students, 2007*, at the time training was commenced;

or

- Proof of certification by the American Board of Oral and Maxillofacial Surgery (ABOMS);

or

- Proof of certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology.

ATTESTATION BY APPLICANT FOR PERMIT B-1

Please consult Statutes, Rules and Regulations pertaining to the administration of anesthesia and sedation (234 CMR 6.00) at www.mass.gov/dph/dentalboard for detailed descriptions of the requirements for the administration of Moderate Sedation, and go to www.osha.gov, www.ada.org, and www.cdc.gov for more information about provision of anesthesia and sedation by dentists. Specific questions may be addressed to the Board by emailing dentistry.admin@mass.gov.

I _____ HEREBY CERTIFY, UNDER THE PAINS
Print Applicant's Full Name

AND PENALTIES OF PERJURY, THAT:

- ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;
- I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF ANESTHESIA AND SEDATION AS PROMULGATED ON AUGUST 20, 2010 AT 234.CMR 6.00, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:
 - AUXILIARY PERSONNEL REQUIRED AT 234 CMR 6.12(2)
 - PATIENT EVALUATION REQUIRED AT 234 CMR 6.12 (3)
 - PRE-OPERATIVE PREPARATION REQUIRED AT 234 CMR 6.12 (4)
 - PATIENT MONITORING AND DOCUMENTATION REQUIRED AT 234 CMR 6.12 (5)
 - MANAGEMENT OF RECOVERY AND DISCHARGE OF PATIENTS AT 234 CMR 6.12 (6)
 - MANAGEMENT OF PEDIATRIC AND SPECIAL NEEDS PATIENTS AT 234 CMR 6.12 (7)
 - EMERGENCY MANAGEMENT AT 234 CMR 6.12 (8)
- I UNDERSTAND THAT, UNDER THE TERMS OF THIS PERMIT, THE ADMINISTRATION OF MODERATE AND MINIMAL CONSCIOUS SEDATION AND NITROUS OXIDE-OXYGEN SEDATION IS LIMITED SOLELY TO PRACTICE SITES WHERE THERE IS THE REQUISITE FACILITY PERMIT OR LICENSE FOR THE TYPE OF ANESTHESIA OR SEDATION TO BE ADMINISTERED.
- I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTISTRY IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:
BUREAU OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION IN DENTISTRY
250 WASHINGTON STREET
BOSTON, MA 02108